

FBO & Operator Initial Information Survey (Application Form)

Document 3 of 3 - FBO & Aircraft Operator Program Forms

Full Company Name:	
Address:	
City: State: _	Zip:
Corporate Flight Department location:	
Flight Department Mailing Address:	
City: State: _	Zip:
Aircraft are based at the following airports (use air	rport identifiers):,,,,
Do you presently comply with a TSA Standard Secu	urity Program (i.e. TFSSP, AOSSP, or PCSSP)? Y / N
If Yes, please specify the program	
Are you a TSAAC company? Y / N TSAAC	#
Security Coordinator	
Name:	
(First, Middle, and Last)	
Contact Tele. #:	
E-mail Address:	
Applicant's Signature:	
Completed applications can be e-mailed to:	Michael.C.West@dhs.gov or faxed to (571) 227-1362

PRIVACY ACT STATEMENT

AUTHORITY: 49 U.S.C. § 114; Pub. L. 108-176. **PRINCIPAL PURPOSE(S):** To identify individuals eligible to serve as armed security officers aboard general aviation flights into DCA. **ROUTINE USE(S):** This information you provide may be shared with aircraft and airport operators, and the FAA, or for routine uses identified in TSA system of records, DHS/TSA 002, Transportation Security Threat Assessment System. **DISCLOSURE:** Voluntary; failure to furnish the requested information may result in delays in processing or denial of your nomination.

PAPERWORK REDUCTION ACT BURDEN STATEMENT

This is a mandatory collection of information if you wish to fly into or from Ronald Reagan National Airport (DCA) in Washington, DC or act as a gateway fixed base operator for aircraft inbound to DCA. The total average burden per response associated with this collection is estimated to be approximately 30 minutes. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The control number assigned to this collection is OMB 1652–0035, which will expire on December 31, 2008.